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CONFIRMATION NO. 5164

SERIAL NUMBER 10/520,410	FILING OR 371(c) DATE 12/09/2005 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. BVK 200009US
APPLICANTS Srinivasan Sarangapani, Walpole, MA; ** CONTINUING DATA ***** This application is a 371 of PCT/US02/39680 12/11/2002 which claims benefit of 60/341,076 12/12/2001 ** FOREIGN APPLICATIONS ***** <div style="text-align: center;">** SMALL ENTITY **</div>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 3	TOTAL CLAIMS 22
			INDEPENDENT CLAIMS 4	
ADDRESS 27885				
TITLE Oxygen producing device for woundcare				
FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	